

APPENDIX F

PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEM (PMMIS) INTERFACE PROCEDURES

APPENDIX F

PMMIS INTERFACE PROCEDURES

PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEMS.....	1
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ATTACHMENTS

- A – COST EFFECTIVENESS STUDY FORM
- B – COST EFFECTIVENESS STUDY SCREEN – CA160
- C – PLACEMENT MAINTENANCE SCREEN – CA161
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APPENDIX F

PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEMS (PMMIS)

THIS APPENDIX IS CURRENTLY UNDER REVIEW.

PERSONS WITH QUESTIONS SHOULD CONTACT CAROL SANDERS AT (602) 417-4302.

The management information system supporting the long-term care program is designed to provide and receive information about ALTCS members from all program contractors and tribal contractors. Contractors have access to one component of the system for purposes of case management data entry:

1. Client Assessment and Tracking System (CATS).

This system is used to record the Cost Effectiveness Study, Placement history and, for Tribal Contractors, the service plan of ALTCS members.

2. Contractors have access to the following case management related screens for inquiry and/or direct data input,:

CA160 - Cost Effectiveness

CA161 - Placement History

CA165 - Case Management Service Plan

CA166 – ACE Critical Data

CA 225 - Case Management Review Tracking List

Program contractors are required to either directly input data or transmit the information via tape transfer. Comments must be directly entered on the CATS comment screens. If the program contractor does not do direct data input, they are not required to enter comments on CATS. Tribal contractors are required to do direct data input, including comments.

COST EFFECTIVENESS STUDY – UNDER REVIEW

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

PLACEMENT HISTORY – UNDER REVIEW

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

CASE MANAGEMENT SERVICE PLAN – UNDER REVIEW

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

ACE CRITICAL DATA – CATS SCREEN CA166

Under development

CASE MANAGEMENT REVIEW TRACKING LIST – CATS SCREEN CA225

1. The CA 225 screen in the CATS system may be used by the case manager to track when the next review is due for each member in their caseload. Included on the screen is the member's due date for next review, level of care and current placement. (See [Attachment F](#))
2. Instructions for entering data onto the CA 225 screen are as follows:

<u>FIELD</u>	<u>CASE MANAGER ACTION.</u>
Case manager	Enter the case manager's ID number. The system will automatically display the case manager's name when the ID number is entered
From month	Enter the month you wish to start the review. (May be past, current or future month)
Thru month	Enter the month you wish to review through. (May be the current month or two or any future month ahead).
Other fields	The system has brought forth information from other screens and will automatically display each member assigned to that case manager ID number. For each member listed, the system will also display the next review date, member's AHCCCS ID number, placement, level of care and facility, if the member resides in a LTC facility.

If incorrect information appears on the CA225 screen, it will be necessary to review the other screens to determine which screen is inaccurate.

ATTACHMENT A

**ALTCS CASE MANAGEMENT
COST EFFECTIVE STUDY**

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

ATTACHMENT B

**CATS SCREEN CA160
AHCCCS LONG TERM CARE
COST EFFECTIVENESS STUDY**

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

**ATTACHMENT C
CATS SCREEN CA161
AHCCCS – LONG TERM CARE
PLACEMENT AND MAINTENANCE**

**This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.**

ATTACHMENT D
RESERVED FOR CA166

This section of Appendix F is currently under review.
Contractor staff with questions should contact
Carol Sanders at (602) 417-4302.

ATTACHMENT E
RESERVED

ATTACHMENT F

CATS SCREEN CA225
AHCCCS – LONG TERM CARE
CASE MANAGER REVIEWS TRACKING LIST

TOTAL ERRORS = 1

TR : CA225

NTR : _____ I

AHCCCS - LONG TERM CARE

CASE MANAGER REVIEWS TRACKING LIST

/ /
:

FROM MONTH: _____ THRU MONTH: _____
LT02L170

CASE MANAGER: _____ WORKER ID: _____

DUE DATE	CLIENT NAME	AHCCCS ID	CURRENT PLC LOC	FACILITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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C320 INVALID CSMGR

ENT=PROCESS 1=HELP 2=CA000 6=CA165 9=SUP Z019 NO ACTION TAKEN
10=SDN 11=CLEAR 12=CA000

ATTACHMENT G

RESIDENCE CODES AND DEFINITIONS

<u>Code</u>	<u>Place of Residence Definition</u>
1	Home (including child foster care home)
2	Nursing Facility
4	ICF/MR
5	Adult foster care home
6	Group home for developmentally disabled
7	Residential treatment center
8	Traumatically brain injured
9	Assisted living center
B	Assisted living home
C	Institute for Mental Diseases (IMD)
E	Adult Developmental Home
F	Adult Therapeutic Foster Home
G	Child Developmental Foster Home
J	Level I behavioral health center
K	Level II behavioral health center
L	Level III behavioral health center
P	Alzheimer's Pilot Project
R	Rural Substance Abuse Transitional Center
W	Wandering/Dementia Unit in NF

ATTACHMENT H

CLOSURE/DENIAL REASONS

The following codes should be used when closing a member's service plan.

<u>Code</u>	<u>Closure/Denial Reason</u>
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- | | |
|----|--|
| 1 | Client does not meet medical/functional PAS criteria of AHCCCS (ARS § 36-2936) |
| 2 | Client becomes financially ineligible |
| 3 | Client becomes financially and medically ineligible |
| 4 | Client's needs have been met and service is no longer required |
| 5 | Client's requests suspension or termination of service; request client signature |
| 6 | Client moved out of provider's service area |
| 7 | Client died |
| 8 | Client moved out of state |
| 9 | Contact with client has been lost |
| 10 | Provider has been changed |
| 11 | No service is available |
| 12 | Another source is available |
| 13 | Client's caregiver/family is able to take over |
| 14 | Client discharge to home |
| 15 | Client left against medical advice |
| 16 | Client discharged to other |
| 17 | Client needs a higher level of care |

- 18 Client needs a lower level of care
- 19 Hospitalization
- 20 Covered by Medicare
- 21 Client refused services
- 22 Assessment only - completed
- 23 The service line is a mistake, ignore.
- 50 Changes have been made to the service line. However, service line is to be included for claims processing.

Refer to [Chapter 1600](#), Case Management, in this manual for information regarding monitoring of the member's service plan

ATTACHMENT I
RESERVED

ATTACHMENT J

PLACEMENT, PLACEMENT REASON AND BEHAVIORAL HEALTH CODES

To be used to describe the placement selected, the reason and the member's current Behavioral Health status for the member's Placement History.

PLACEMENT CODES:

<u>Code</u>	<u>Placement</u>
H	<p>HCBS - Members reside in their own home or an approved alternative residential setting. Residing in one of the approved alternative residential settings qualifies the member for an HCBS placement. Members residing in their own home must receive at least one of the following services to qualify for an HCBS placement:</p> <ul style="list-style-type: none">• Adult Day Health• Attendant Care• Behavior Management• Emergency Alert System• Habilitation• Home Delivered Meals• Home Health Services• Homemaker• Home Modifications• Partial Care• Personal Care• Psychosocial Rehabilitation• Respite
Q	<p>Institutionalized - Members reside in an AHCCCS registered Nursing Facility, ICF-MR, Institution for Mental Disease (IMD) or inpatient psychiatric facilities for individuals under age 21 (RTCs).</p>
Z	<p>Not placed - A member must not remain in this placement for more than 30 consecutive days following ALTCS enrollment. No active services can be approved on the service plan during any "not placed" period.</p>

D Acute services only - Applies to members who:

1. Reside in the community, do not receive any HCB services, and whose income is less than or equal to 100% of SSI; or
2. Are institutionalized in uncertified facilities and whose income exceeds 100% of SSI but does not exceed 300%; or
3. Reside at Toyei Nursing Home regardless of their income level.
4. Reside in non-contracting alternative residential setting, refuses to move and whose income is less than or equal to 100% of SSI; or

These members can only receive Acute Care services as listed below.

Acute Care services include: Physician services, medical equipment and supplies, prescription drugs, medically necessary transportation, rehabilitation therapies (physical, speech, occupational and/or respiratory) and behavioral health services (unless the member resides in an uncertified behavioral health facility).

PLACEMENT REASON CODES

<u>Code</u>	<u>Description</u>
01	HCBS not appropriate or cost effective.
02	HCBS not available in member's community.
03	Member/authorized representative desires nursing home placement.
04	Member voluntarily withdraws/Awaiting disenrollment.
05	CES update not required; member in continuing institution placement with no discharge potential.
06	HCBS recommended because cost is expected to decrease over time.
07	HCBS - ventilator – dependent.
08	Member hospitalized.
10	Hospice placement; member is terminally ill.
11	Other (Comments required).
12	Member institutionalized in uncertified facility/or receives acute care only.
13	HCBS is available and is most appropriate placement.
14	Member in Assessment/Stabilization (Pima).
23	Logical delete.

BEHAVIORAL HEALTH CODES

<u>Code</u>	<u>Description</u>
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- A. **Psychotropic Medications only.** Includes only medications used to modify behavioral health symptoms.

Medication monitoring by the prescribing physician is not considered a separate service so if the member receives no other Behavioral Health “services”, s/he would be included in this category.

- B. **Behavioral Health services only.** This category would apply to members who receive any Behavioral Health services but who take no psychotropic medications.

Does not include members who have only received a Behavioral Health evaluation but do not receive on-going Behavioral Health services.

- C. **Behavioral Health services and Psychotropic medications.** See A and B above. Includes members receiving psychotropic medication monitoring by a nurse.

- D. **Behavioral Health Placement without Psychotropic medications.** Includes Residential Treatment Centers (RTC), Level II or III Behavioral Health facilities and alternative residential settings that specialize in Behavioral Health. Also includes Behavioral Health units within nursing facilities but excludes Wandering/Dementia units in nursing facilities.

- E. **Behavioral Health Placement with Psychotropic medications.** See A and D above.

- F. **No Behavioral Health Needs.**

The following are appropriate combinations of Placement, Residence and Behavioral Health codes:

PLACEMENT	RESIDENCE	BEHAVIORAL HEALTH
H	8, F, K, L, R	D or E
H	5, 6, 9, B, E, G	A – F
H	1, P	A – C, F
Q	2, 4	A – F
Q	W	A – C and F
Q	7, C, J	D or E
D	1, 2	A – C, F
Z	1	F